

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	O
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							61	
2							62	
3							63	
4							64	
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39							99	
40							100	
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47								
48								
49								
50								
TOTAL IND.	2						TOTAL IND.	
TOTAL DEP.	12						TOTAL DEP.	
TOTAL CLAIMS	14						TOTAL CLAIMS	

Best Available Copy